

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09711361</div>		<small>FILING DATE</small> <div style="font-size: 1.2em; font-family: cursive;">11-10-00</div>					
						<small>APPLICANT(S)</small>							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9	✓						59						
10		✓					60						
11		✓					61						
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13		✓					63						
14		✓					64						
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18		✓					68						
19		✓					69						
20		✓					70						
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24	✓						74						
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27	✓						77						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						